UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/2000/8 (Part I)
22 May 2000

ORIGINAL: ENGLISH

Annual session 2000
13 - 23 June 2000, Geneva
Item 2 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR: ASPECTS OF THE WORK OF UNFPA IN 1999

CONTENTS

Page

INTRODUCTION 2

I. ADOLESCENTS 3

Information, education and communication 4
Services 7
Advocacy and policy development 8
HIV/AIDS 10
Results 11

II. PARTNERSHIPS 13

United Nations system 14
Civil society organizations, including non-government organizations 19
Professional groups and mass organizations 23
South-South partnerships 24
Parliamentarians 25
Religious groups 26
Foundations 27
Private sector 28

III. THE MULTI-YEAR FUNDING FRAMEWORK (MYFF) 29

GE.00-61619

/...

INTRODUCTION

1. The most significant event of 1999 for UNFPA was the culmination of the review of the accomplishments and constraints that had been experienced in the five years since the International Conference on Population and Development (ICPD) had taken place in Cairo, Egypt, in September 1994. At that time, 179 countries had come together in a consensus Programme of Action that set specific targets and goals. UNFPA participated fully in the "ICPD+5" review process that looked at how far the world had come in meeting those goals and proposed actions for the future in order to ensure that the full ICPD agenda would be achieved. The Fund organized some ICPD+5 events, such as The Hague Forum (in conjunction with the Government of the Netherlands) in February, and worked with the secretariat of the Commission on Population and Development in its role as Preparatory Committee for the 21st Special Session of the United Nations General Assembly on the ICPD.

2. Among the notable aspects of the ICPD+5 review undertaken by UNFPA was a field inquiry of 114 developing countries and 18 developed countries to assess progress made since the Cairo conference in 1994. The field inquiry and the conclusions and recommendations from three ICPD+5 round tables and four technical symposiums were major inputs into the discussions at The Hague Forum and the preparation of a document on "Key actions for the further implementation of the Programme of Action of the ICPD", which was elaborated by the Preparatory Committee and then adopted by the 21st Special Session on 2 July 1999. The key actions focused on such areas as the need to provide reproductive and sexual health information, counselling and services to young people; to combat high levels of maternal mortality; to protect the health of women and girls; to combat the HIV/AIDS pandemic, the impact of which has been much greater than was foreseen in 1994; to promote gender equity and equality; and to build partnerships among all types of governmental, multilateral and civil society organizations in order to achieve the goals of the ICPD. The review found that the financial resources needed to implement the ICPD Programme of Action had fallen short of the commitments made at Cairo, and the key actions document called for all countries to make a greater effort in that regard.

3. This year's annual report to the Executive Board focuses on two of those aspects of the work of UNFPA during 1999 that figured prominently in the key future actions recommended by the General Assembly's 21st Special Session: (a) the importance of addressing the reproductive health needs of adolescents through the provision of information and services; and (b) the necessity for all organizations concerned with population and reproductive health to work together more closely in partnership if the ICPD goals are to be achieved. In focusing on these two aspects of the Fund's programme, this report provides illustrative examples from different countries to highlight the scope of UNFPA's work in these areas.

4. The year 1999 also saw a major effort by the Fund to develop a multi-year funding framework (MYFF) in response to Executive Board decision 98/24. The MYFF was presented to the Executive Board at its second regular session 2000 and was endorsed by the Board in its decision 2000/9. Because of the far-reaching implications for the Fund's work brought about by the results-based management approach of the MYFF, a final section of this part of the annual

report presents an overview of how the MYFF was developed and the first steps that have been taken towards its implementation.

I. ADOLESCENTS

5. UNFPA gave a special focus to young people during 1999. The Fund worked closely with the World Population Foundation and the Dutch Youth Council on Youth and Development to organize The Hague Youth Forum, which took place 5-7 February 1999, just before The Hague Forum itself. The event was attended by more than 100 young people from all regions of the world and resulted in numerous recommendations on how to address youth and adolescent sexual and reproductive health issues. Working closely with their counterpart or affiliate non-governmental organizations (NGOs), about a quarter of the youth who participated in The Hague Youth Forum had the opportunity to take part in the work of the Preparatory Committee and in the 21st Special Session of the United Nations General Assembly.

6. The Fund worked during the year to document experiences in adolescent reproductive health from various countries, using a joint programme strategy developed with the World Health Organization (WHO) and UNICEF. For example, there were continued efforts to identify those countries that have developed national youth policies or that have integrated youth and adolescent reproductive health concerns into existing population, education, gender and other development policies. Current programmes have demonstrated that some success is being achieved in introducing sexuality education and other emerging issues (such as human rights, harmful practices, and violence) into population education and reproductive health education programmes and in strengthening teacher training, parent education and community outreach. Reviews of UNFPA country programmes also show that considerable efforts have been made, with some notable successes, to bring "health to youth" by offering more youth-friendly services, training service providers to be more youth friendly, or making health services more accessible. The review also found that much remained to be done.

7. This review, and the other studies and forums that were conducted as part of the ICPD+5 process, revealed the serious challenges faced by developing countries in all parts of the world in addressing issues of adolescent reproductive and sexual health. For example, in Viet Nam, while adolescents account for only 12-14 per cent of the total population, they account for 25 per cent of abortions and 50 per cent of those infected with HIV. In Mongolia, a government health survey found that the average age for onset of sexual activity among adolescents was 16.8 years for boys and 17.2 for girls. However, many of the female adolescents who entered into such relationships reported low levels of knowledge about their reproductive and sexual health and about contraception. Of particular concern was the survey's finding that adolescents who became pregnant were at high risk of abortion and miscarriage. Fifty-four per cent of the Mongolian adolescents interviewed expressed the desire to learn about reproductive health through their school curriculum.

8. In another part of the world, youth health indicators have worsened in Georgia in the years following that country's independence. For example, while the overall abortion rate has

declined considerably in Georgia, the rate for females aged 15-24 has increased by approximately one third. It is estimated that about one in five abortions were followed by complications. As with many other countries in the region, the wide reliance on abortion to end unwanted pregnancies was partly due to limited access by young people to youth-focused, youth-friendly services in both the public and private sectors as well as the apparent lack of knowledge and information on issues relating to sexuality and responsible sexual behaviour. Sexuality education is not offered in schools in Georgia, and informational literature is not accessible for adolescents.

9. This situation is repeated in any number of other countries. In the Philippines, according to a young adult fertility and sexuality survey conducted in 1999, up to 74 per cent of sexually active adolescents were not practicing contraception at the time the survey was taken, but the majority of them admitted that they were not willing or ready to become parents. In Bolivia, 30 per cent of all women are mothers by the age of 19.

10. The spread of HIV/AIDS throughout the world has highlighted the risks posed by lack of reproductive health information and services for young people. Approximately half of all people who acquire HIV become infected before they turn 25. In the countries of eastern and southern Africa with high HIV prevalency rates, there is a significant difference in the age of infection between females and males, with women being infected at a much earlier age. In Namibia, for example, government figures show that most of the women testing positive for HIV were in their early 20s, while most men were in their mid-30s. In rural Uganda, there are six young women who are HIV positive for every infected young man. In spite of evidence by Governments and other partners, adolescent girls lack the information and services they need to protect themselves.

11. In order to address these challenges, UNFPA is working in three major areas: (a) supporting information, education and communication (IEC) programmes both in and out of schools; (c) providing greater access by young people to youth-friendly reproductive health information, counselling and services; and (c) advocating for relevant youth policies that recognize the rights of young people and promote their reproductive health. A key focus of the Fund's work in the area of adolescent reproductive health is the prevention of HIV infection, which encompasses activities in all three areas -- education and information, provision of services, and advocacy. In all areas of its work with adolescents, UNFPA works to ensure the participation of young people themselves in the planning, implementation and evaluation of policies and programmes that affect them.

Information, education and communication

12. Young people, that segment of the population between the ages of 10 to 24, are faced with a wide variety of situations – many are not yet sexually active, while many others are; some are already married, while many are not; some live at home, while many, even at an early age, are on their own; many are not in school and many others are in crisis or difficult circumstances. They all need and want information about their own sexuality, about how to maintain their

reproductive health, and about how to plan births. UNFPA supports programmes in schools and in a wide variety of other situations to give them the information and education they need.

13. In the vast majority of its country programmes, UNFPA supports information and education programmes that reach out to young people in both formal educational settings and elsewhere. In Burundi, for example, in 1999 UNFPA, in cooperation with WHO, UNICEF and an international NGO, began a reproductive health information and education campaign directed at adolescents both in- and out-of-school in two pilot provinces, with plans to expand to 10 more provinces in 2000. The programme was designed using the results of a knowledge, attitudes and practice (KAP) survey that was conducted among youth and adolescents in 1998 and of a new national strategy for adolescent reproductive health adopted by the Government in 1999. This pilot programme includes training and manuals for trainers that favour a climate of openness and straightforwardness in dealing with young people's questions about sexuality and reproductive health.

14. In the Islamic Republic of Iran, UNFPA has supported the Ministry of Education in conducting research on teaching reproductive health and sexuality in evening classes for students aged 17-24 years of age, who constitute roughly 20 per cent of students graduating from high school. This research resulted in shifting the focus of the classes from general population issues to a more direct approach in providing the students with information on sensitive matters related to reproductive health. Based on the findings of the research, in 1999 a booklet and accompanying poster on successful marriage were developed and printed. With UNFPA assistance, another booklet designed for adolescent girls that included information on puberty was published jointly by the Ministry of Education and the Ministry of Health.

15. In many parts of the world, the curricula of schools are highly theoretical and not much related to everyday life. Channels of communication between teachers and students adopt a top-down approach. The concept of guidance and counselling from teachers to students is also lacking. School programmes may fail to address certain sensitive issues because parents, educators, religious leaders or policy makers may be reluctant to address them. Consequently, many youth-oriented programmes do not offer the information and services that are needed, and education on sexuality, women's health, family planning and nutrition is limited. Various UNFPA-supported programmes are working to overcome these constraints.

16. For example, in its programme of assistance to the Palestinian people, the Fund has worked with the Palestinian Authority to integrate reproductive health and gender issues into the curricula of schools, adult education, teachers training and youth education programmes by producing a source book for teachers and supervisors and training 80 of them on the most effective techniques for communicating reproductive health and gender to students. This has helped to create a cadre of local experts on population education who are committed to advocating for reproductive health and population. The Fund also helped produce four booklets and a teachers' guide on reproductive health, gender and population concepts for adult education. It has trained 70 youth leaders on reproductive health education and counselling to act as peer counsellors and established a telephone hot line to provide counseling services to youth and

adolescents. UNFPA also helped organize youth summer camps in underprivileged parts of the West Bank in which 300 youth participated. The youth programme has been effective in reaching out to young men and women and creating participatory forums for peer-to-peer discussion on issues that were formerly taboo.

17. Similar programmes have been implemented elsewhere in the Arab States region, including in Egypt, the Syrian Arab Republic and Yemen. Regional programmes in the same part of the world have been devised to train leaders of the Boy Scouts and Girl Guides to serve as peer counsellors. The regional workshops used to train these young people have had a "cascade" effect in that the trained participants then conduct similar national workshops. The participants have produced gender-sensitive IEC materials on adolescent reproductive health.

18. In Viet Nam, UNFPA assisted the Government in developing a wide variety of programmes to promote healthy reproductive health behaviour of adolescents by finding different "entry points" where they can be engaged. These included integrating reproductive health issues into the curricula of secondary schools; establishing counseling centres, youth clubs and "Café Condom" shops; broadcasting a live phone-in programme on adolescent reproductive health; conducting communication campaigns through the mass media; and developing new IEC materials. As a result, both in- and out-of-school adolescents are being provided with reproductive health information that is more tailored to their specific needs than what is available solely through the formal school curriculum.

19. In Albania, UNFPA supported a variety of information campaigns for young people that included advertising, radio shows and billboards to promote behaviour conducive to good reproductive health. The country office also supported a series of peer education seminars, delivered in a "open, humorous and friendly style", that were extremely well received and generated a demand for more such seminars in the future. The UNFPA programme also supported a social marketing scheme for condoms through pharmacies as well as other, non-traditional, outlets.

20. UNFPA strives to involve adolescents themselves in designing programmes that concern them. For example, in Ecuador, youth have developed their own educational materials, including booklets on adolescent sexuality, sexual relations, adolescent pregnancy and contraceptives. The problem of domestic violence has been taken up by young people as a priority. A youth drama group, formed within a UNFPA-supported project in Quito, has used this theme for several of its plays. The participation of young men, and their willingness to consider the gender dimension and how it affects women in their culture, has been encouraging. In Morocco, the Ministry of Youth and Sports developed an innovative approach that involved young people from youth clubs. The young people created their own materials, including songs, drama, puppet shows and other imaginative ways to deliver messages on family planning, sexually transmitted diseases (STDs) and HIV/AIDS, family life and sexual education.

21. In Indonesia, the participation of youth in the development of IEC materials has been extremely important and successful, as has the use of outreach peer educators. However, it has

been recognized that these outreach workers have so far been limited to urban areas, whereas the use of family counselling groups in provincial areas has been shown to be more effective if implemented parallel to an adolescent reproductive health programme in schools. In the country's new adolescent reproductive health project, young people will play a key role in planning and implementing the project.

22. In order to keep up with the growing use of new information technologies among young people, UNFPA has sponsored some innovative activities. In Romania, for example, the Fund provided assistance to a national foundation to develop an interactive game on CD-ROM in support of prevention of STDs and HIV/AIDS. The CD-ROM is being distributed free of charge to schools.

Services

23. One of the many lessons learned from UNFPA's involvement in promoting better reproductive health for young people is that provision of information and education can be largely wasted if newly-aware, sexually active adolescents and youth do not have access to services appropriate to their needs. Many Governments are increasingly aware of the necessity of providing such services if their other efforts at promoting adolescent reproductive health are to be effective. In Bolivia, for example, the Ministry of Health is committed to providing special services for adolescents, but so far it has not developed a model suitable for the country as a whole, which includes large indigenous and rural populations and where many young people work and are not involved in the formal school system. In order to help the Government address this challenge, in 1999 UNFPA began a cost-sharing project with a bilateral development agency to provide reproductive health information and services to adolescents in three urban districts. Experience from this project, implemented jointly with the Ministry of Health and Ministry of Education, will help establish a standard that can be adopted by the public health system.

24. In Eritrea, UNFPA designed a project to address the reproductive health needs of adolescents through the establishment of youth centres in the port cities of Massawa and Assab. The youth centres were designed to provide reproductive health counselling and services as well as library and recreational services. Making appropriate IEC materials available, training peer counselors and strengthening the referral system were key components of the project. The design also included motivational rallies, youth radio programmes and a monitoring and evaluation schedule. During 1999, the two centres were established and the necessary equipment was provided. Training on peer counseling and adolescent reproductive health was provided to 26 participants in Assab and 44 participants in Massawa.

25. In the Dominican Republic, UNFPA has supported a programme that has provided training for a network of 360 peer educators who, in addition to carrying out IEC activities, distribute condoms and provide referrals to health services. Within the health-care system, doctors, nurses and other health-care professionals have been provided with training to sensitize them to the needs of the young people referred to their care. Likewise, in Malawi the Fund provides assistance for a project for out-of-school adolescents that includes a community-based

distribution programme of contraceptives, including condoms. Young people, selected by the community, are trained to distribute the contraceptives and to make referrals to reproductive health clinics. In the clinics, the Fund has supported training of the health-care workers to provide youth-friendly services.

26. In Algeria, UNFPA has provided support for a youth IEC project that reaches out to youth in all of the country's 48 administrative areas through a health-care centre in each area. In order to make the crucial link between information and services, the staff of these centres -- a total of 500 service providers, including doctors, psychologists, surgeons, and dentists -- have been trained through the UNFPA-supported project on effective ways of dealing with young people and of providing them with the information and care they need to protect their reproductive health.

27. In Djibouti, UNFPA is working with WHO and UNDP on an adolescent girls' project that includes dissemination of information and access to quality community-based reproductive health services through mid-wives, traditional birth attendants, and well-equipped primary health-care centres. This is the first project in Djibouti specifically aimed at addressing the needs of adolescent girls, and it brings together four Ministries into a coordinated action for girls.

Advocacy and policy development

28. Promoting reproductive health and rights of young people remains a controversial topic in most countries of the world, involving, as it does, sensitive issues of sexuality and parental rights and duties. One of UNFPA's main programme thrusts, therefore, is to work within country programmes and with national partners to advocate for programmes and policies that will foster the reproductive health of all people, including adolescents and youth.

29. UNFPA has also been an active advocate for basic education, especially for girls, linking it with efforts to improve content, quality and life skills. For example, through the education activities it supports, UNFPA aims to contribute to improvements in the quality of basic education through the introduction of new curricula that include life skills, HIV/AIDS, gender issues, reproductive health, family life and sexuality education. It also supports training programmes for teachers to ensure gender sensitivity in the classroom and programmes to enable them to acquire skills to positively influence the attitudes and behaviours of students. UNFPA also promotes education programmes for both young people and parents to highlight the advantages of education, especially among girls, and as a powerful incentive to postponing marriage and childbirth.

30. The young age structure of the Islamic Republic of Iran, with over 51 per cent of the population below the age of 20, poses a formidable challenge to the Government's endeavours to improve the reproductive health of its people. Therefore, the issues of adolescent reproductive health and enhancing adolescents' awareness have become priority concerns of the Government as well as for the UNFPA-supported programme in the country. The Government is fully aware of the importance of addressing the reproductive health needs of adolescents. However, in spite

of the impressive progress the country has made in the implementation of reproductive health programmes in the past decades, adolescent reproductive health-related matters continue to be culturally sensitive. Within the country's cultural context, UNFPA continues to help bring the issue to the fore and maintains continuous dialogue with key government partners.

31. In Uganda, the Fund has worked with a number of traditional cultural institutions, such as the Kingdoms of Buganda, Busoga and Tooro. One key aim has been to secure the support of policy makers in those institutions for initiatives that will promote improved adolescent reproductive health. One result in 1999 was that the Tooro Kingdom passed a by-law on the minimum age of marriage in the kingdom, raising it from 16 to 18.

32. In Viet Nam, the large number of adolescent abortions shows the need to improve information and counseling on reproductive health and family planning and to provide relevant services to adolescents. UNFPA has worked to raise awareness of government authorities on the importance of adolescent reproductive education and has promoted the accessibility of adolescents to reproductive health information and services through a series of advocacy activities with the participation of high-level government officials. UNFPA also supported the Ministry of Education and Training to develop a project for further improving in-school programmes on population and sexuality education. Partially as a result of these efforts, the Government is now in the process of formulating a national reproductive health strategy in which adolescent reproductive health issues are to be addressed by providing adolescents not only with in-depth reproductive health information but with reproductive health services as well.

33. In Uganda, even though adolescents make up 35 per cent of the total population, few programmes have addressed the specific needs of adolescents. UNFPA's interventions in the area have been confined to providing peer education and counselling services. Reproductive health services for young people, particularly if they are unmarried, have been difficult to obtain in the public sector. The concept of adolescent- or youth-friendly services is relatively new. However, through the Ministry of Health, the Government of Uganda is now committed to provide 20 per cent of adolescents with appropriate, accessible, affordable and acceptable sexual and reproductive health services by 2004.

34. In Namibia, under the advocacy component project of the UNFPA programme, in 1999 the Fund worked with the Ministry of Information and Broadcasting to develop and begin implementation of a Population Advocacy Communication Strategy, which includes provisions on advocating for the reproductive rights of youth. In Bolivia, UNFPA has provided technical assistance to the Government in the formulation of a National Plan for Adolescents and Youth, which includes their rights to reproductive health information and services. In Costa Rica, UNFPA has provided technical support to the Government for the formulation of a projected law entitled the "General Law for the Young Person", with a human rights and gender approach, which is now being analysed by the National Assembly.

HIV/AIDS

35. One of the areas that was stressed in the ICPD+5 review was the extreme urgency of addressing the AIDS pandemic. According to new estimates from UNAIDS and WHO, 32.4 million adults and 1.2 million children were living with HIV at the end of 1999. In 1999 approximately 2.6 million people died from an HIV-related disease, as many as died of malaria during the course of the year. It is estimated that in 1999 an additional 5.6 million people became infected with HIV – 16,000 new infections every day. Over 95 per cent of people living with HIV are in developing countries, and about half of all people who acquire HIV become infected before they turn 25 – thus, the priority of addressing the needs of young people in UNFPA programme countries. In the African countries hardest hit by the pandemic, young women are much more likely to be infected than young men: in western Kenya, for example, one female in four between the ages of 15-19 is living with HIV as compared to 1 in 25 males in the same age group.

36. Lack of access to appropriate information, coupled with lack of access to youth-friendly services and a reluctance to address sensitive issues such as adolescent sexuality seriously hamper the fight against the increase in HIV infection. To date, the only effective preventive measure has been education on how to impede transmission of the virus. There is, however, good evidence that HIV infection rates are stabilizing or decreasing in places where focused and sustained prevention programmes have brought about significantly safer behaviour. The reality is that prevention is possible.

37. In some of the East African countries most affected by the pandemic, there have been some areas of progress. For example, surveillance testing in urban areas in Uganda over the past five years reveals a 40 per cent drop among pregnant women. This decline in HIV infection is particularly striking in young women and is associated with delayed first sexual intercourse, increased condom use, and fewer sexual partners. Uganda's anti-AIDS campaign features open and explicit discussions of sex, roadside billboards that promote safe sex, and NGOs that are helping to educate people about the disease. The first signs of an HIV turnaround are also being seen among young people in northern areas of the United Republic of Tanzania. In areas with active prevention programmes, prevalence in young women fell by 60 per cent over a period of six years. Thailand has presented the most comprehensive evidence yet from the developing world that prevention works. Annual representative surveys in young men showed both substantial reductions in risk behaviour and decreases in HIV infection levels. Thailand's well-established prevention efforts are yielding decreases in HIV prevalence among both pregnant women and young male soldiers.

38. Information and education on HIV prevention is especially necessary for young people who might otherwise begin sexual activity with little thought of the risks involved. During 1999, UNFPA supported a wide range of activities for youth and adolescents in a total of 128 countries. Informational and awareness-raising activities included theatre performances in Jordan, Malawi, Moldova and Rwanda; youth camps in Jordan, Latvia, Romania and the Syrian Arab Republic; parent education in Estonia, Poland and Uganda; discussion groups in Bhutan

and South Africa; clubs in Guinea and Haiti; student competitions in Mali and Myanmar; church activities in Papua New Guinea; magazine articles in Honduras; sports activities in Niger; and film screenings in South Africa and Togo.

39. In the Islamic Republic of Iran, where prevalence of HIV/AIDS is still relatively low, prevention of its spread has increasingly become an area of concern. In collaboration with the Ministry of Education, UNFPA helped distribute 700,000 copies of a poster on HIV/AIDS transmission and prevention to schools nationwide along with 200,000 copies of a pamphlet designed for teachers in primary, junior and high schools. In Azerbaijan, in 1999 a UNFPA-supported family life education curriculum, which includes a component on HIV prevention, was tested in eight pilot schools.

40. In the Philippines, with UNFPA support the Remedios AIDS Foundation, a local NGO, is managing a shopping mall-based Youth Zone that serves as a venue for small group discussions on reproductive health topics, face-to-face counselling with adolescents and access to an Internet chat programme. The Youth Zone has demonstrated that the use of the Internet has gained popularity as an alternative form of counselling. Furthermore, to complement the information and awareness activities held at the Youth Zone, a clinic to serve the reproductive health needs of adolescents was set up in 1999 and became operational at the beginning of 2000.

41. In Botswana, UNFPA began support in 1994 for a programme known as PACT (the Peer Approach to Counselling by Teens) in which secondary students were trained by social workers as counsellors and role models for their fellow adolescents on reproductive and sexual health questions, including HIV/AIDS. Since it began, the programme has succeeded in reaching 7,600 students in 11 schools, and in 1999 it was expanded to two new towns in the northern part of the country. In South Africa, the Fund has supported the use of peer educators for counselling on the prevention of HIV and for the distribution of condoms. The UNFPA-supported project provides information, counselling and such services as STD testing, referrals for HIV testing, and distribution of contraceptives. A special feature of one of the youth clinics is the inclusion of community and tribal headmen into the decision-making of the clinic. They are very much a part of the project and help to legitimize its activities among parents and members of the community.

42. In finding ways of reaching out to young people in environments that are youth-friendly, UNFPA, along with other United Nations agencies and an international NGO, helped sponsor a youth rock concert in Moscow, Russian Federation, on the occasion of World AIDS Day, December 1, 1999.

Results

43. As can be seen from this brief summary of UNFPA activities, the Fund is involved on a number of fronts in promoting adolescent reproductive health. These activities rely on approaches and methodologies that have been developed over a number of years. There are two crucial elements if these initiatives are to have a continuing impact: (a) their quality has to be

ensured by evaluating which activities have worked the best and determining the reasons for their success or failure, and (b) the effective programmes have to be carried out on a wider scale -- " up-scaled" -- so that they reach all of their target audiences.

44. Evaluation of activities is an important but not always readily achieved requirement. The innovative peer-counselling programme in Uganda known as PEARL has been carried out now for several years and has been judged a success by the Government and many outside observers. However, measuring the overall impact of the PEARL programme has been difficult because the tools for measuring such impact are imperfect at best. The preliminary results from a survey in two districts do, however, highlight some interesting results. PEARL has been in operation in Mubende district since 1995 and in Kibale since 1997, and knowledge of contraception is more widespread in Mubende than it is in Kibale. The survey showed that by the age of 19, 58 per cent of Kibale girls had been pregnant while only 6 per cent of Mubende girls had been. This is attributed to the much higher use of condoms in Mubende: 67 per of Mubende girls reported currently using a condom while only 11 per cent of Kibale girls did. There appears to be a direct correlation between knowledge of family planning methods and modern contraceptive use.

45. Evaluating the success of IEC campaigns over the long term is quite difficult. However, it is considerably easier to show short-term results (with long-term implications). For example, in Vanuatu, a youth theatre group called Wan Smolbag has performed at least 30 youth-oriented plays, in English and the national language, over the past few years on reproductive health subjects, including on how STDs are transmitted. A tracking of clinic visits has shown that the number of young people visiting the clinics increases every time Wan Smolbag mounts one of its productions in a community. Wan Smolbag's play and radio scripts are to be made available to others through a newly approved UNFPA project.

46. In the Philippines several innovative approaches have been tested under an adolescent health project. Of these, the peer-counselling models have shown the most promise. The Counselling-on-the-Air (COA) project enabled youth counsellors to reach out to other youth, parents and teachers through a radio programme. This gave young people the opportunity to share their views not just with other youth but with adults as well. However, an evaluation of the peer-counselling programmes noted that there was a "tendency among some of the youth volunteers to see themselves as different from their peers, particularly those who had the 'misfortune' of being young and pregnant". Obviously, the continued viability of such programmes requires that the highlighted cultural issues be addressed.

47. As these examples show, adolescent reproductive health programmes need to be continuously evaluated in order to learn what approaches work the best and which activities can be effectively replicated elsewhere. The Fund's Office of Oversight and Evaluation undertakes such evaluations on a regular basis. In 1997, the Fund published a thematic evaluation on its adolescent reproductive health programmes based on an in-depth study of seven projects in different parts of the world. In 1999, the Fund published an evaluation report on "Implementing the Reproductive Health Vision: Progress and New Directions for UNFPA", which included an important section on adolescent reproductive health programmes. The report contained several

recommendations, including on the need to carefully define target groups (married adolescents, for example, usually can and do receive services through the regular health system), to reach out to overlooked groups such as rural youth, to improve cooperation with NGOs, and to make use of non-clinical approaches.

48. In addition to "formal" evaluations, one innovative practice that UNFPA undertook beginning in 1999 was to post case studies of projects, including in the area of adolescent reproductive health, on the Fund's Internet bulletin board site (http://bbs.unfpa.org/progress). Named the "Progress" database, this resource allows quick reference to best practices and lessons learned. In the case of adolescent reproductive health, the studies are indexed according to 11 sub-categories. The cases in the database include one showing the successful role that youth clubs in Bangladesh have played, especially if they were democratic and gender balanced. A peer education project in Haiti was shown to be very successful but had to find ways to keep the peer educators motivated. A multi-disciplinary, multisectoral project in Jamaica delivered a minimum package of reproductive health services to young people in a marginal urban area; it was seen as a laboratory that could help build national consensus on the content and direction of adolescent reproductive health policies and programmes throughout the country. A capacity-building project in Namibia had carried out several successful initiatives but was challenged by the need to develop consistent referral systems. A review of the work of four youth centres supported by UNFPA in Senegal found that adolescents were more at ease with persons of their own age when getting information about general reproductive health issues but preferred contact with adult professionals when a specific reproductive health question needed to be solved.

49. Once a successful programme has been devised, tested and adjusted accordingly, it is necessary to up-scale its activities so that all potential clients can benefit. Within the limits of its means, UNFPA supports such up-scaling. In Burkina Faso, for example, the Fund has worked for a number of years to introduce population education into the curricula of both primary and secondary schools. Based on these experiences, in 1999 the UNFPA-supported programme undertook to introduce population education into all of the country's secondary schools.

50. The obvious constraints to such up-scaling are the need for the financial and human resources to carry out larger scale programmes. If adolescent reproductive health programmes are to be successful over time and be provided on a wide scale, they must engage Governments and other national partners. Concerning the sustainability of adolescent reproductive health projects, a project evaluation report in the Philippines, for example, stated, "sustainability of the programme requires not just money but an on-going capacity building strategy that is sensitive to the changing environment and unfolding needs of young people. Sustainability requires as well a critical approach to how we relate with young people and mentor their emerging roles in developing programme directions."

II. PARTNERSHIPS

51. The Programme of Action identified the expanding number and configuration of development partners in the field of population and development as a shortcoming that had to be

addressed. It therefore cited as one of its key objectives in Chapter XIV the need to clarify the reciprocal responsibilities of development partners and improve coordination of their efforts (para. 14.3(c)). The key actions document of the General Assembly's 21st Special Session noted the importance of effective, transparent partnerships and called on Governments and civil society at the national level, in partnership with the international community, to join in efforts to ensure that the goals and objectives of the ICPD are accomplished as soon as possible (para. 14). It also mentioned the role of the relevant United Nations bodies, including UNFPA, in 10 paragraphs throughout the document.

52. This section of the annual report examines UNFPA's efforts, with emphasis on events that took place in 1999, to develop and strengthen various partnerships, including those within the United Nations system and with civil society, including NGOs, professional groups and mass organizations, religious groups, foundations, and the private sector, among others. UNFPA's work necessarily involves collaboration with partner organizations every day and in every part of the world; this section of the annual report highlights some notable areas of cooperation and illustrates the range of such partnerships.

United Nations system

53. According to the key actions adopted by the 21st Special Session of the General Assembly, "all relevant bodies and entities of the United Nations system should continue to clarify, within existing mechanisms, their specific leadership roles and responsibilities and continue to strengthen their efforts to promote system-wide coordination and collaboration, especially at the country level. [T]he inter-agency coordination role of the United Nations Population Fund in the field of population and reproductive health [should be reinforced]" (para. 89).

54. In carrying out this coordination role, UNFPA depends upon the work of partner agencies in a number of fields. In paragraph 66 of the key actions document, for example, the World Health Organization, in cooperation with other relevant United Nations bodies, is urged to fulfill its leadership role in helping developing countries put into place standards for the care and treatment of women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health-care delivery and advise on ways that health systems could reduce the risks associated with pregnancy. Other agencies, such as UNFPA, UNICEF and the World Bank, are urged to intensify their work in promoting, supporting, advocating for and investing in action to improve maternal health.

55. An inter-agency meeting of the Basic Social Services for All (BSSA) Task Force, of which UNFPA is the chair, met in October 1999 just after the 21st Special Session and discussed the roles of all the respective United Nations partners in the follow-up to the ICPD review. As a result, the task force is updating and simplifying a series of guidelines and guidance notes to the field on the implementation of the goals of the series of major international conferences that have taken place in the last decade and of their five-year follow-ups, including the ICPD+5.

56. There are a large number of mechanisms by which UNFPA cooperates with its partner agencies and organizations within the United Nations system. At the system-wide level, the Fund is an active participant in the United Nations Development Group (UNDG) and its Executive Committee, which is made up of UNICEF, UNDP, UNFPA and the World Food Programme (WFP). During 1999, the Fund participated in and provided substantial inputs for the UNDG task forces on the Bretton Woods institutions, globalization and poverty and was also an active member of the UNDG task force on girls education, which was mandated to draft the concept paper for a 10-year programme that will be a major focus of the entire United Nations system. It also took part in UNDG subgroups on gender, the right to development, and information.

57. Two recent mechanisms for enhancing cooperation among the members of the UNDG assumed greater importance during the year -- the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). UNFPA played an active role in the UNDG subgroup on programme policies in the preparation of guidelines for the CCA and UNDAF. The Fund chaired the UNDG working group on CCA indicators, which are designed to be an integral part of the CCA as a way of monitoring progress in the achievement of the goals adopted by the major international conferences, including the ICPD. The Fund is also a member of the UNDG learning network on the CCA and UNDAF processes in which each member organization reviews selected CCA and UNDAF documents in terms of their quality, coverage and methodology.

58. Since the issuance of the CCA and UNDAF guidelines, UNFPA has instructed its country offices to replace the Country Population Assessment (CPA) exercise with the CCA and UNDAF, provided that the CCA and UNDAF adequately cover UNFPA's core programme areas. The Fund's programming guidelines, in place since the end of 1997, have integrated the CCA and UNDAF into the programming process. With the assistance of the UNDG Office, UNFPA carried out a workshop on the CCA and UNDAF for headquarters staff. Members of the Fund's Country Technical Services Teams (CSTs) have participated in training at the United Nations Staff Training College in Turin, Italy, so that they can serve as focal points on the two mechanisms in their regions. UNFPA continues to support its country offices in overcoming the practical challenges required for the elaboration of CCAs and UNDAFs as well as UNFPA's own analyses and country programmes. This is quite a large undertaking in that 113 out of 135 programme countries are involved with CCAs and 74 countries are involved with UNDAFs.

59. At the country level, UNFPA has been a full and active member of the Resident Coordinator system under the leadership of the Resident Coordinator in each programme country, participating in the various field committees, theme groups and working groups. At the system level, the Fund has worked with its partners to strengthen the Resident Coordinator system through improvements in the selection process, including in increasing the number of female Resident Coordinators, and in providing more regular and coherent information and advice to the Resident Coordinators. Much attention has also been devoted to the subjects of common premises and common services, where some progress has been made but some outstanding issues still remain. UNFPA is committed to the goals of harmonizing the programme

cycles of the UNDG partners, and, to date, nearly 100 programme cycles have been harmonized. Continued attention is needed to retain this level of harmonized.

60. UNFPA's Technical Advisory Programme (TAP) makes use of Technical Advisory Specialists, who play an important role in inter-agency coordination by providing backstopping on population and reproductive health issues from the headquarters of other United Nations agencies and organizations. These specialists help to promote the goals of the ICPD and the ICPD+5 within their respective agencies by assisting them to ensure that population and reproductive health issues are taken into account in the agencies' workplans. The Technical Advisory Specialists also provide technical backstopping and information services on population issues to the field offices and other branches of their respective agencies, thus assisting them to integrate population aspects into relevant programmes.

61. One important mechanism for United Nations system cooperation in the health field is the WHO/UNICEF/UNFPA Coordinating Committee on Health, which is an intergovernmental body made up of representatives of the Executive Boards of the three organizations. At the second meeting of the CCH in December 1999, the joint process of policy development and mobilization of resources was further discussed. With respect to the reduction of maternal mortality, it was decided that WHO, UNFPA and UNICEF should explore the feasibility of establishing maternal health theme groups at country level, as subsets of health theme groups. These multisectoral theme groups would prepare a coordinated action plan to ensure more effective programme implementation and would assist governments in their efforts to raise needed resources. The CCH meeting also concluded that providing support to countries for strengthening the financing of basic health services, of which maternal care is a core component, was crucial.

62. Among other United Nations system coordination mechanisms in which UNFPA is an active participant is the Inter-Agency Committee on Women and Gender Equality (IACWGE), which is working on the implementation of the United Nations System-Wide Study of the Gender Focal Point Function, for which UNFPA was appointed task-manager. This includes coordinating the design and analysis of questionnaires for the gender focal points and their managers. The Fund also participated in inter-agency regional campaigns on violence against women (e.g., in Latin America and the Caribbean and in Africa).

63. Emergency assistance. UNFPA's assistance in emergency situations relies heavily on partnership with other United Nations and multilateral agencies. One important result of this cooperation is the *Inter-agency Field Manual for Reproductive Health in Refugee Situations*, which was published in 1999 by UNFPA, WHO and the Office of the United Nations High Commissioner for Refugees (UNHCR). The field manual will help to provide guidance for reproductive health assistance in crisis situations, which are too often given short shrift even though such assistance focuses on such vital matters as safe births and helping women who are victims of violence. The Fund participated in a retreat of the Office of the Coordinator of Humanitarian Affairs (OCHA) in November 1999 in Geneva for the humanitarian coordinators of all the agencies and organizations of the United Nations system. The participation of UNFPA

in such activities through its Geneva-based Emergency Relief Office provides continuing technical input on population and reproductive health issues.

64. UNFPA fully participated in the interagency assessments for the Consolidated Appeals Process (CAP) that were mounted for 12 humanitarian crises that took place during 1999. Concerning particular crisis situations, in Ethiopia the UNFPA country office participated actively in the activities of the United Nations Disaster Management Team (DMT) to provide assistance to populations affected by severe droughts in some parts of the country and for populations displaced by conflict. In collaboration with UNHCR, UNFPA worked on a project to strengthen the reproductive health of Somali refugees in eastern Ethiopia. This project included activities, focusing on social mobilization, to reduce the practice of female genital mutilation (FGM) in the refugee camps.

65. Donor responses to the CAP enabled UNFPA to provide emergency reproductive health kits to refugees from Kosovo in Albania and the Former Yugoslav Republic of Macedonia and on their return to Kosovo. In Kosovo, the Fund worked with an international NGO, CARE International, to provide reproductive health training for 1,200 of the province's health-care workers and, in collaboration with the International Organization for Migration (IOM), to conduct a demographic and health survey that will provide data for all agencies involved in the reconstruction of the province. In East Timor, UNFPA worked with the International Rescue Committee (IRC), an international NGO, to provide emergency reproductive health kits and services to populations both inside East Timor and in refugees camps in West Timor.

66. HIV/AIDS. UNFPA is a co-sponsor of the Joint and Co-Sponsored United Nations Programme on AIDS (UNAIDS), working with the other co-sponsoring agencies in supporting a single source within the United Nations system for policy, strategic, operational and technical guidance on all aspects of HIV/AIDS and for a prioritized global research and development agenda that is driven by the needs of countries. UNFPA has maintained close liaison with UNAIDS to promote the reproductive health aspects of the AIDS pandemic in such areas as prevention, youth, condom distribution, IEC and, recently, mother-to-child transmission of the virus. The Fund is recognized by UNAIDS as a key partner in implementing HIV/AIDS prevention programmes in the field.

67. One useful mechanism for the coordination of the activities of United Nations agencies and organizations at work in programme countries are theme groups on cross-cutting issues such as gender and AIDS. One of the most productive of these has been in the area of combating HIV/AIDS and STDs, a country-level theme group that is often chaired by UNFPA. Such is the case in Mongolia, where the theme group published two brochures in 1999, one on HIV/AIDS and the other one on STDs. Previously, each United Nations agency produced its own IEC materials in these areas based on its own area of interest and budget. The brochures prepared through the collaboration of the theme group are more sophisticated than what had been produced previously and, with the combined budgets, it has been possible to print and distribute more copies.

68. In early 1999, the United Nations country team in South Africa, all the members of which are represented in the HIV/AIDS Theme Group, committed itself collectively to undertake an HIV/AIDS programming exercise in which common goals, objectives, and strategies for the United Nations system as a whole would be set for the period 1999-2001. The scope of the work was divided into four sectors: the socio-economic impact of HIV/AIDS; care and support of persons living with AIDS; HIV and AIDS in the workplace, including the United Nations workplace; and prevention of HIV.

69. International financial institutions. UNFPA continues to expand its cooperative links with the international financial institutions, such as the World Bank. In 1999, the UNDG set up a learning group for inter-agency collaboration on issues pertaining to the Comprehensive Development Framework (CDF) and the Resident Coordinator system, and for generating innovative ideas for dealing with the debt situation through the Heavily Indebted Poor Countries (HIPC) Initiative. UNFPA collaborated closely on these issues both in the UNDG at headquarters and in country offices. The Learning Group was convened to follow up on the meeting between the United Nations Deputy Secretary-General and the senior management of the World Bank to enable the United Nations system to collectively follow the CDF pilot, both as a learning experience and as a means of ensuring feedback to their organizations. The focus was on country-level experiences with the CDF process in the pilot countries.

70. UNFPA has stressed the importance of coordination between the UNDAF and the CDF processes, especially on the fundamental need for government ownership of both. UNFPA also emphasized the need for sharing analytical work and common analysis in order to maximize effectiveness and avoid duplication of efforts. The Fund has a similar interest in the development of Poverty Reduction Strategy Papers (PRSP). The PRSP entails developing a strategy for reducing poverty in a country within the overall development strategy of the CDF. UNFPA has taken part in meetings on the PRSP and will participate, through the Resident Coordinator system, as PRSPs are developed for individual countries. As always, the Fund will have a special interest in ensuring that all development and poverty reduction strategies give due consideration to population and reproductive health issues.

71. During 1999, UNFPA and the World Bank held increasingly frequent consultations between UNFPA's geographical and technical units and the corresponding entities in the Bank both at headquarters and in the field. Moreover, the World Bank has made increasing use of UNFPA's procurement services, and it is expected that the volume of such procurement requests will continue to increase in 2000. Collaboration has also increased between UNFPA and the World Bank in various ongoing initiatives such as the Safe Motherhood Initiative, Partners in Population and Development, UNAIDS, and the UNFPA Global Initiative on Reproductive Health Commodity Management. In the area of training, UNFPA is a co-sponsor of the World Bank Institute's course on population, reproductive health and health sector reform. UNFPA staff also participate in such World Bank activities such as the Human Development Week, as they did in 1999.

72. One area of cooperation with the World Bank and other partners that received attention at both the headquarters and country level during 1999 was that of sector-wide approaches (SWAps). SWAps are a mechanism in which all significant funding for a particular social or economic sector within a programme country is used to support a single sectoral policy and expenditure programme under government leadership. Executive Board decision 99/4 encouraged UNFPA to take an active part in the policy-making and planning stages in the SWAps in programme countries. During the year, the Fund conducted an inquiry of its Representatives in the 12 countries in which SWAps were being implemented or prepared in order to ascertain the extent of UNFPA involvement in each one; this information was used in preparing a report to the Executive Board. UNFPA's primary focus has been to ensure that reproductive health issues are fully incorporated into sector-wide policy and operational plans.

73. In October 1999, WHO, UNICEF, UNFPA and the World Bank issued a Joint Statement on Maternal Mortality Reduction. It recommended interventions at three levels: national and local governments, health systems and communities. Virtually all countries have safe motherhood programmes that are being increasingly integrated into core reproductive health packages along with family planning programmes and interventions addressing reproductive tract infections. The challenge with respect to maternal care is to re-orient programmes towards the priority interventions that have been shown to be most effective and to mobilize sufficient resources for their implementation. It has been found that more resources have been put into antenatal care than into delivery and immediate postpartum care and into care for managing longer-term complications, yet the vast majority of complications and deaths arise during and immediately after delivery, because of sudden, unexpected complications, and from unsafe abortions. Antenatal care without linkage to professional delivery care does not greatly reduce maternal mortality.

74. UNFPA continues to work with its partner agencies in the United Nations system in strengthening cooperation with civil society organizations. In 1999, for example, the Fund participated in a World Bank meeting on strategies to promote and strengthen collaboration with NGOs. It worked with UNICEF and UNDP on creating a creating a civil society database and cooperated with the United Nations Office for Project Services (UNOPS) on its survey of United Nations system collaboration with civil society.

Civil society organizations, including non-governmental organizations

75. The ICPD Programme of Action recognizes NGOs and other civil society organizations as important partners in development in view of their close links to the people and their innovative, flexible and responsive programme design and implementation, including grass-roots participation. Civil society organizations are often based in, and interact with, constituencies that are marginalized, poorly served and hard to reach through public-sector programmes. Civil society organizations are crucial to achieving long-term sustainability of programmes designed to reach ICPD goals. NGOs and other sectors of civil society can help design and win support for programmes, lobby for better programmes, monitor service delivery, mobilize resources and advocate changes in laws, policies and guidelines. Therefore, the ICPD Programme of Action

foresaw stronger partnership with civil society organizations, including NGOs and the private sector, as complementary to the responsibility of Governments to provide full, safe and accessible reproductive health services.

76. In order to assess progress that had been made in forging stronger partnerships with NGOs in the five years since the ICPD, UNFPA took part in the NGO Forum, sponsored by the World Population Foundation, which preceded The Hague Forum in February. The NGO Forum was attended by more than 1,500 representatives of civil society organizations from around the world. UNFPA organized a presentation and panel on its technical report on *Partnership with Civil Society: A Review of Progress since the ICPD*. During the work of the Preparatory Committee and of the 21st Special Session of the General Assembly, the Fund worked with an international NGO, Population Communications International, and the Conference of NGOs in Consultative Status with ECOSOC (CONGO) to facilitate NGO input into the process.

77. Partly as a result of these preparatory activities, the key actions document of the ICPD+5 review strongly reaffirmed the role of NGOs that had been enunciated at the ICPD. Notably, the document said that "Governments, civil society at the national level and the United Nations system should work towards enhancing and strengthening their collaboration and cooperation, with a view to fostering an enabling environment for partnerships for the implementation of the Programme of Action" (para. 78). It also reiterated that "Governments are encouraged, in dialogue with non-governmental organizations and local community groups, and in full respect for their autonomy, to facilitate, as appropriate, the involvement of civil society at the national level in policy discussions and in the formulation, implementation, monitoring and evaluation of strategies and programmes to achieve Programme of Action objectives" (para. 76).

78. At the international level, UNFPA continued to work during 1999 with a wide variety of NGOs in advocacy campaigns, technical discussions of reproductive health issues, and delivery of services to programme countries. During 1999, the Fund strengthened its linkages with a number of international NGOs working in the fields of population and reproductive health. These included CARE International and Save The Children, which were involved in a joint "White Ribbon" campaign to increase awareness about the tragedy of maternal death and draw the attention of policy makers to the need to focus on priority interventions and to implement them in partnership with national civil society organizations. In the global effort to reduce levels of maternal mortality, UNFPA supported the work of the Save The Mothers Fund in Ethiopia, Mozambique, Pakistan and Uganda to improve access to emergency care through stronger partnerships between district health managers, obstetricians-gynaecologists and midwives.

79. UNFPA has formed a special relationship with Rotary International, an international service organization, and its Initiative for Population and Development. In May 1999, UNFPA's senior management took part in the second conference between the two organizations focusing on population and development. Rotary International is sponsoring a number of population and reproductive health projects in developing countries, and at its 1999 Board of Directors' meeting the organization urged its clubs and districts to "undertake even more projects that directly impact population growth and sustainable development ... includ[ing] those that promote

education on the issues of population ... and enable individuals to make informed decision about issues such as child spacing". The group's trustees approved a project in 1999 to encourage child spacing in one Rotary district in Nigeria; its goal is to increase contraceptive prevalence in the district from 6 per cent to 15 per cent in the first three years and to reach 50 per cent contraceptive use after ten years. UNFPA and Rotary International are discussing further possible joint efforts at the community level in population advocacy, safe motherhood, ageing, youth issues and promotion of gender equality and empowerment of women.

80. As part of the International Medical Advisory Panel of the International Planned Parenthood Federation (IPPF), UNFPA is involved in decision-making regarding guidelines that will be widely disseminated to NGOs and health professionals in the field. This provides an opportunity for UNFPA's technical expertise in the area of reproductive health to be widely disseminated. A good example of this was the extensive use of UNFPA publications on gender at the December 1999 meeting when IPPF was preparing its own guidelines in this area.

81. The Fund continues to support research initiatives on improving the safety of contraceptive methods as well as the development of new contraceptives and approaches to introduce underutilized methods, including emergency contraception and the use of male and female condoms. Male and female condoms are "dual protection" devices, which provide protection against STDs, including HIV, and unplanned pregnancy. An international consultation on dual protection took place in October 1999 with strong UNFPA representation. UNFPA continued its support for an initiative on contraceptive development in collaboration with a number of partners, including WHO, The Population Council and the Consortium of Public-Private Collaboration in Contraception Research and Development (CICCR). As a result of this work, it is expected that new female-controlled methods of protection and contraception, such as microbicides, will soon be introduced.

82. At the country level, there are numerous examples of productive cooperation between NGOs and UNFPA. Partnership with NGOs is very important for service delivery in many countries in which UNFPA works. In Ecuador, for example, UNFPA cooperated with NGOs to train 1,200 health-care providers (doctors, midwives, nurses and nurse assistants) in reproductive health norms and protocols with an initial emphasis on the training sessions on family planning and on adolescents. However, worsening economic conditions and declines in financial support in Ecuador have forced many NGOs to increase their prices for contraceptives, just when many people are least able to afford them.

83. In the Islamic Republic of Iran, UNFPA continued its policy of promoting NGO involvement in the implementation of population and reproductive health programmes in the country. The Fund has had fruitful collaboration with a number of Iranian NGOs, in particular with the Family Planning Association of Iran. UNFPA has institutionalized an active collaboration with the Women Health Volunteer (WHV) programme in recent years. The WHV is a community-based group that has played a significant role in enhancing the people's awareness of health-related matters in general and reproductive health issues in particular. UNFPA's technical and financial support to the programme was crucial in assisting the

Government to promote community participation in implementation of reproductive health programmes and bridging the gap in providing reproductive health services in marginal urban areas. Another notable achievement of the WHV programme is that its activities were indirectly useful in enhancing the status of women in local communities.

84. In Uganda, UNFPA supports eleven NGOs working in awareness creation and capacity-building, particularly in the areas of reproductive health and adolescent reproductive health including institutions associated with all three of the major religious groups in Uganda – Catholic, Protestant and Muslim. The partnership with the Sabiny Elders Association of Kapchorwa District continued in the fight against FGM. In recognition of the good work done by the Elders Association, its Chairman was elected Chairperson of the East African Task Force on FGM.

85. In Costa Rica, one result of UNFPA's support was the establishment on October 20, 1999, of a tripartite mechanism for monitoring the ICPD and ICPD+5 in the country, with the participation of civil society, state institutions, and international cooperation agencies. This initiative was an output of the ICPD+5 process at the national level where UNFPA supported NGOs in their effort to engage state institutions.

86. As this example of effective collaboration in Costa Rica shows, one of the important roles that UNFPA can play is in helping to coordinate the work of different NGOs, as well as governmental and international partners, on specific activities designed to advance the ICPD agenda. In Indonesia, for example, the Fund is supporting a project designed to combat violence against women through sensitization seminars and debates. As part of this project, various NGOs, women's groups and the Government have come together to develop a national action plan to combat violence against women, which includes proposing amendments to current law. In Georgia, the Fund helped to bring together local and international NGOs, professional associations, and youth and women's groups to sponsor the National Forum on Family Planning, which received widespread media coverage.

87. As a way of strengthening regional links among NGOs, a regional network of NGOs in the Arab States was established in 1999. Moreover, under the joint European Commission-UNFPA Initiative for Reproductive Health in Asia, the Fund established an effective partnership with international and national NGOs in seven South and South East Asian countries. By August 1999, all 42 country and regional component projects of the initiative were under way, and the initiative's special focus on promoting reproductive health through NGO partnerships has already yielded results in that collaboration and inter-linkages between European and Asian NGOs have been strengthened at the national and regional levels. The initiative aims to strengthen the capacity of the Asian NGOs to undertake community-based, holistic reproductive health programmes for adolescents and other underserved populations.

88. Civil society also includes community-based groups, such as women's groups, men's groups and youth groups, among many others. In all of its programmes, UNFPA continues to work with a broad range of such groups in order to help them meet the needs of their constituents

and to understand their concerns. In Ecuador, for example, UNFPA's traditional support to women's groups continued during 1999 through a variety of seminars, meetings, publications and advocacy events. Women's groups and community groups have formed reproductive health networks in Quito and Cuenca and are in the process of forming a similar network in Guayaquil. UNFPA worked actively with the national women's organization and a national NGO in organizing an Andean Seminar on the Application of Laws Against Domestic Violence.

89. In the Philippines a strategy has been pursued of linking clinics with local pedicab associations as a way of getting men involved in the promotion of reproductive health, including by getting the cooperation of husbands and partners in widening women's access to reproductive health services.

90. In Mongolia, UNFPA has very good relationships with youth organizations such as the Mongolian Girl and Boy Scouts and the Mongolian Youth Federation. Working in partnership with these youth groups, UNFPA publishes an adolescent newsletter that includes answers to reproductive health questions. In Lebanon, a rather remarkable partnership has been established with a national NGO concerned with the elderly. In particular, UNFPA provided support for a two-day conference on national policy development for the elderly. The outcome of the conference demonstrated a significant interest among policy makers and government officials on issues related to ageing.

91. In Latin America, support for initiatives with indigenous groups can be important ways of reaching people who have poor reproductive health indicators. In Ecuador, for example, Jambi Huasi, a clinic run by indigenous professionals trained in Western and traditional medicine, continues to grow and to improve its cost recovery. UNFPA's support, pivotal in the early years, assists this clinic's work with rural communities and adolescents. Other indigenous groups are increasingly requesting, and receiving, technical assistance from Jambi Huasi personnel to introduce similar programmes, including provision of reproductive health care. Among indigenous populations, traditionally adolescence has not been identified as a life stage (one proceeds directly from girl to woman and boy to man), thus addressing the needs of young people is new. Jambi Huasi personnel are enthusiastically developing programmes for this group, many of whom are already married and parents.

Professional groups and mass organizations

92. At both international and national levels, the Fund collaborates actively with a wide variety of professional groups through the participation of UNFPA staff in their meetings as speakers, resource persons and panel members and by providing papers and publications. This approach has the advantage of a cascade effect in that professionals who take part in such meetings then report back to their own national and/or local associations. This can lead to information about UNFPA's efforts being disseminated to a very large number of individuals directly concerned with population and reproductive health issues. Such meetings also perform another important function: as clearinghouses for the exchange of experiences and materials, their deliberations provide data that the Fund uses to guide its own programmes and to support

its advocacy efforts. Such mutually beneficial relationships are built up over a number of years, often with UNFPA playing an advocacy role to see that important issues of population and reproductive health work their way onto agendas and receive due consideration.

93. In order to encourage such dialogue, UNFPA participates in a large number of relevant meetings each year. In 1999, for example, at the annual meeting of the American Public Health Association in November, UNFPA staff made presentations on reproductive health and HIV/AIDS and chaired a session on international reproductive health. Similarly, the Fund made a presentation on youth and sexuality at the 8th Congress of the Union of National African Pediatric Societies and Associations held in Cotonou, Benin, in December. A UNFPA-funded workshop on emergency contraception and gender violence was held prior to an international scientific conference in Cape Town, South Africa, in October 1999. The President of the United Kingdom's Royal College of Obstetricians and Gynaecologists visited UNFPA headquarters in July 1999 to discuss areas for future collaboration.

94. At the national level as well, cooperation with professional associations can be very productive. In Uganda, for example, UNFPA has formed a partnership with a coalition of institutions, spearheaded by the Ministry of Gender, working on gender issues, such as the Uganda Association of Women Lawyers, Uganda Women Media Association and the Association of Uganda Women Doctors.

95. In Viet Nam, the most viable counterpart organizations are the mass organizations such as the Women's Union, the Peasants' Union, the Trade Union, all of which have been actively involved in addressing population and development and reproductive health issues. Among the areas in which these mass organizations commonly participate in UNFPA-supported programmes are social marketing; innovative pilot approaches on reproductive health; advocacy activities on reproductive health concepts; gender and male responsibility; adolescent reproductive health; training in communication skills; and mobilization of community participation. At the community level, in the eight provinces where UNFPA is working, hundreds of different types of reproductive health groups and clubs have been established by the mass organizations and are currently operational with assistance from trained managers.

South-South partnerships

96. As part of its interregional programme, UNFPA has promoted South-South cooperation through the sharing of successful experiences between developing countries by supporting: (a) five Centres for South-South Cooperation in China, Indonesia, Mexico, Thailand and Tunisia; (b) a new International Training Programme in Reproductive Health and Population in Turkey; (c) the work of the Colombian NGO, PROFAMILIA, in training programmes; and (d) the Partners in Population and Development, which is based in Dhaka, Bangladesh.

97. In 1999, the five Centres for South-South Cooperation promoted a number of study visits and training workshops for participants from a wide range of countries. China organized eight training workshops for over 50 participants from 14 countries on quality reproductive health and

family planning technical services, perinatal health care, IUDs and non-scalpel vasectomy techniques. Three observational study tours were organized by Indonesia for over 30 participants from six countries, while two Indonesian professionals provided technical assistance to Nepal. Mexico organized a regional workshop to assess the impact of South-South activities. Thailand carried out three training workshops on IEC strategies, on mainstreaming gender concerns into reproductive health programmes and on curriculum development for reproductive health managers. Over 60 participants from 10 countries took part. The project in Tunisia supported observational study tours on women, population and development from francophone African and Arab countries to learn from the Tunisian experience. The Fund supported the new international training programme in Turkey by providing assistance in logistics and institutional organization, sponsoring visits to South-South programmes in Indonesia and Thailand, and helping to design training curricula. Support for the work of PROFAMILIA included nine training programmes in 1999 with 108 participants from 17 Latin American countries.

98. The Partners in Population and Development was set up following the ICPD in 1994, with assistance from UNFPA, with the specific objective of realizing the ICPD's goals for South-South cooperation. Its membership increased to 16 in 1999, with the addition of Gambia and Mali. In 1999, the Partners granted 44 fellowships for study in Bangladesh, Egypt, India and Indonesia to participants from 12 countries – Bangladesh, China, Egypt, Gambia, Indonesia, Kenya, Myanmar, Nepal, Pakistan, Thailand, Uganda and Viet Nam. With support from the World Bank, the Partners supported a select number of NGOs with small grants for the design and testing of innovative projects to promote South-South collaboration.

99. In addition to this direct support at the global level, many of UNFPA's country programmes include support for South-South initiatives. Salient examples in 1999 included support for 27 participants from Bangladesh, India, Maldives, Pakistan and Sudan to visit the Islamic Republic of Iran to see the work of that country's population and reproductive health programme. UNFPA also provided support for an Iranian delegation to visit the secretariat of the Partners in Population and Development in Dhaka, to pave the way for the country's membership. In Thailand, the UNFPA country office received 14 study-tour missions with a total of 83 participants from Asian countries. The participants came to learn about the reproductive health and population and development situation in Thailand and also to share their own country experiences.

Parliamentarians

100. UNFPA considers partnerships with the world's parliamentarians, because of their unique position as intermediaries between people and Governments, as being vital mechanisms to build support for achieving the goals of the ICPD Programme of Action and the key actions document that came out of the ICPD+5 review process. To that end, the Fund has built up close working relationships with various parliamentary groups over a number of years. In February 1999, the Fund sponsored an International Forum of Parliamentarians on ICPD Review just before the opening of The Hague Forum. The forum was attended by 210 parliamentarians from 103 countries, who drafted a declaration of support for the implementation of the ICPD

Programme of Action. Also during the year, one of the most important regional groups, the Asian Forum of Parliamentarians on Population and Development, met in October in Niigata, Japan, and reaffirmed their commitment to the ICPD Programme of Action and welcomed the results of the ICPD+5 review.

101. At the national level, there were numerous examples during the year of cooperative links between parliamentarians and the Fund's country programmes. In Viet Nam, a parliamentary committee on population disseminated updated information on population and development and reproductive health issues to other parliamentarians and elected officials. National seminars and workshops on critical population and development and reproductive health issues were conducted during 1999 at which various national policies were recommended for review and revision.

102. UNFPA's programme of assistance to the Palestinian people has promoted reproductive health and population issues among decision-makers, including parliamentarians, for some time. However, research showed that reproductive health and gender issues had not been accorded much priority because of the reticence on the topics among some sectors in the Parliament and the need to deal with pressing political matters. The traditional mechanism of approaching and mobilizing parliamentarians by inviting them to awareness-raising workshops proved ineffective. However, in 1999 the programme succeeded in enlisting the support of some key members of the Parliament after they conducted a study tour to the Centre for South-South Cooperation in Tunisia. These parliamentarians will now have a key role to play in mobilizing the support of other members of Parliament on reproductive health and gender issues.

Religious groups

103. Religious groups and religious leaders are key partners for UNFPA because of the strategic position they occupy in many countries in terms of influencing values and social norms. Many questions concerning reproductive health touch on societal values and carrying out a dialogue with religious groups and engaging their support on reproductive health issues can be very important in terms of spreading information and promoting changes in attitudes and behaviours.

104. UNFPA's collaboration with leaders of the Georgian Orthodox Church in that country should be highlighted. The Georgian Church is very active in addressing health issues, and it has been a strong supporter of UNFPA advocacy activities. The Georgian Church considers most UNFPA activities as important and has expressed a willingness to collaborate in activities connected with promotion of healthy lifestyles, prevention of STDs and HIV, adolescent programmes, and safe motherhood. The support of the Church has been crucial for UNFPA's advocacy activities in the country.

105. In Yemen, UNFPA is collaborating with the Ministry of Religious Guidance to engage prominent religious leaders in the discussion of population and reproductive health issues and to gain their support in raising public awareness. A national consultative meeting of religious

leaders, parliamentarians and media personnel was held in 1999 to discuss population and reproductive health and to reach consensus on the role of religious leaders in public education and advocacy. Two religious leaders from Egypt's Al-Azhar University were invited to Yemen to participate. As a follow-up, UNFPA provided support for a seminar for religious leaders on family planning and Islam. During this seminar, a group of more than 40 Imams gathered to discuss these topics and to learn how to present them to the public. The product of the meeting was an information booklet that the Imams will use in their Friday prayers in the mosques.

106. In Bangladesh, an agreement has been reached with the Ministry of Religious Affairs to start an advocacy programme among the country's Imams through the seven training centres of the Islamic Foundation. The existing training component on family welfare will be expanded to also cover new and emerging issues of reproductive health, reproductive rights and gender equality and equity. Each year, about 3,000 Imams participate in the training, and the new subject areas are designed to help secure their critical support for the national reproductive health and family planning programme.

107. In Ecuador, UNFPA has continued to support the Archdiocese of Cuenca in its sexuality education and national family planning outreach efforts. In Guinea, UNFPA provided support in 1999 to the Association of Young Muslims for a seminar on Islam and population questions that was very well received and that engendered considerable media attention. In Samoa, churches have permitted church youth groups to participate in reproductive health programmes being supported by UNFPA.

Foundations

108. The world's foundations, which provide grants for research and project funding in a wide variety of socially useful areas, have the ability, because of the nature of their mandates, to fund studies in new and potentially controversial areas and to undertake exploratory activities that other entities are not able to finance. Foundations have quite often been at the "cutting edge" in areas related to population and reproductive health, supporting social and biomedical research, innovative programmes and policy development. Indeed, population and reproductive health are issues of great concern to some of the world's largest foundations. In the United States of America, for example, the number of such foundations is large enough that they have formed an "Affinity Group on Population, Reproductive Health and Rights", which has a membership of 43 foundations that fund projects in those areas, both nationally and internationally. In recent years, the Fund has increased its ties to such foundations in ways that are mutually beneficial. The Executive Director and members of senior management have addressed an increasing number of foundation meetings on population and reproductive health issues and the ICPD in general and the work of UNFPA in particular.

109. In 1999, a number of foundations provided approximately $2 million to assist UNFPA in carrying out The Hague Forum. During the past two years, 1998 and 1999, UNFPA has been fortunate in receiving approval for a total of $29.9 million from the United Nations Foundation to finance 21 projects in the areas of gender and reproductive health that could not have been

funded from regular resources. In the Philippines, for example, the United Nations Foundation funded a reproductive health project that involved ten NGOs selected from among previous UNFPA-assisted projects on the basis of demonstrated performance and capacity to implement innovative approaches. The strategies tested under the project focused on encouraging greater male involvement in reproductive health; promoting adolescent reproductive health; addressing violence against women; promoting awareness of reproductive health; and ensuring the sustainability of reproductive health projects.

110. Also in 1999, UNFPA received financial support from the Ford Foundation to conduct a series of activities aimed at strengthening UNFPA programming in gender and reproductive health. The objective of this project is to improve the knowledge and skills of UNFPA staff and its partners in addressing emerging issues in reproductive health and gender relations, including sexuality, ethics and violence against women. During 1999, UNFPA Representatives in African countries worked on researching and preparing project proposals for major foundation support for a campaign to combat the spread of HIV/AIDS. These efforts bore fruit in early 2000 when the Bill and Melinda Gates Foundation announced a $57 million grant to fight HIV/AIDS in Botswana, Ghana, Uganda and the United Republic of Tanzania.

Private sector

111. The key actions document of the ICPD+5 review recognized the increasing role of the private sector in "providing reproductive health information, education, services and commodities" (para. 86). Private sector companies are, of course, the main source for the manufacture and distribution of reproductive health commodities, and the key actions document called upon them to "ensure that its services and commodities are of high quality and meet internationally accepted standards" (para. 86). Private sector companies do, however, have other roles to play, including in supporting the reproductive health of their employees, both as a goal in itself and in order to safeguard productivity, and in helping to educate them on issues such as gender-based violence and human rights. Private sector companies also support a wide variety of activities to improve the communities in which they work.

112. As part of the Global Initiative on Reproductive Health Commodity Management, UNFPA, with support from the Rockefeller Foundation, the United Kingdom and the David and Lucile Packard Foundation, has been working since 1997 on a Private-Sector Initiative, which seeks to explore ways that UNFPA country offices can broker improved relations between public and private sector entities in selected developing countries. The initiative fields missions to prospective countries to assess opportunities and constraints to increasing the commercial market share, as appropriate, of contraceptives. In 1999, missions were carried out in Egypt, Ghana, India and Zimbabwe, and several more are scheduled for 2000. Market segmentation studies are planned that will enable key players in the public, private and NGO sectors to rationalize their efforts by segmenting markets according to socio-economic and geographic lines, thereby serving consumers better and improving overall efficiency and cost-effectiveness. One modality under which commercial market share can be increased is shown by the example of Fiji, which

has a bulk-purchasing scheme that allows the private sector to purchase contraceptives and other medical supplies at reduced prices.

113. UNFPA, in collaboration with other United Nations agencies, worked during 1999 on developing a draft of "Guidelines for Collaboration with the For-Profit Private Sector". These draft guidelines establish UNFPA's policy position and describe the various possible mechanisms and modalities for such cooperation. Under the proposed guidelines, UNFPA headquarters and country offices, in addition to contracting with private companies for goods and services, may negotiate co-financing arrangements for programmatic activities and resource mobilization agreements for in-kind or financial contributions. The challenge is to select appropriate companies for cooperation. The draft UNFPA guidelines discuss procedures for selecting private corporations for collaboration, including steps to develop positive relationships that advance UNFPA goals while minimizing risks to UNFPA's image, integrity and independence. The need for such guidelines becomes increasingly clear as areas of cooperation with the private sector expand.

III. THE MULTI-YEAR FUNDING FRAMEWORK (MYFF)

114. Nineteen ninety-nine was an important year for UNFPA in its continuous efforts to improve performance. The Fund accelerated the shift towards a results-based approach by developing its first multi-year funding framework (MYFF), for the years 2000-2003. It was developed with full participation within the organization and through extensive consultation with partners. The MYFF is a coherent framework that builds on clearly defined organizational results and a set of indicators to track progress towards achieving them. Regular monitoring and evaluation to determine the most effective programming and management strategies, and feeding this knowledge back into the organization in order to improve performance, are essential characteristics of the framework. The MYFF also includes resource requirements to achieve the expected results.

115. The MYFF came at a crucial time in the implementation of the ICPD Programme of Action. The ICPD+5 review process gave evidence of changes in government policies and national programmes to reflect the vision of the Programme of Action. It helped to define programme priorities for UNFPA in the context of the changing programme environment. At the same time, the decline in contributions to the Fund's general resources over the last three years is adversely affecting country-level efforts to achieve ICPD goals. The MYFF, with its emphasis on results, on organizational effectiveness, and on tracking and reporting on performance, is designed to improve programme management, performance and accountability. This should better position the Fund to attract predictable and stable funding.

116. The MYFF further sharpens the focus and clarifies the priorities in the work of the Fund. The MYFF proposes two levels of results -- goals and outputs -- and programme strategies to achieve them. Goals are the results to which UNFPA contributes with other partners, while outputs are the time-bound results for which the Fund considers itself accountable. UNFPA has a clear mandate, reflected in its mission statement and in its definition of priority programme

areas based on the ICPD goals, and these are reflected in the MYFF goals. The MYFF also captures the priorities and recommendations and the new benchmarks agreed to in the key actions for further implementation of the Programme of Action agreed at the 21st Special Session of the General Assembly on the ICPD+5 review process. The outputs presented in the MYFF are the most common outputs of UNFPA country programmes and convey the major strategic priorities in the Fund's work worldwide. The output indicators were selected giving special consideration to the availability of data. In formulating the MYFF, careful consideration was given to the identification of key programme strategies, defined as ways in which the Fund deploys its resources to obtain results. The MYFF enables the Fund to systematically review and assess the main strategies and thus be self-critical and strategic in the placement of its resources.

A. Development of the MYFF

117. The task of developing a simple, coherent and usable framework with a limited number of organizational results, indicators and strategies presented a challenge but also a unique opportunity to further align the Fund and its partners around common goals. The Fund works in many different countries and contexts, and the process of determining organizational results that are general enough to allow flexibility at the country level, but specific enough to distinguish UNFPA's contribution, involved extensive dialogue and reflection.

Inter-Divisional Working Group and the preliminary MYFF

118. In early 1999, the Inter-Divisional Working Group, which was set up immediately following the adoption of Executive Board decision 98/24 on the UNFPA funding strategy, developed a preliminary proposal for the MYFF for submission to the second regular session 1999 in April. The Working Group organized workshops with staff, undertook a series of consultations with partners, and laid the initial foundation for the development of the MYFF. At the second regular session, the Executive Board took note with appreciation of the report of the Executive Director (DP/FPA/1999/CRP.2) that outlined the Fund's proposed approach to the MYFF.

Office for Results-Based Management (ORM)

119. In its decision 99/5, the Executive Board reaffirmed its earlier decision 98/24, which requested UNFPA to develop a multi-year funding framework that integrated programme objectives, resources, budget and outcomes, with the aim of increasing core resources. Subsequent to this decision, the Executive Director established a new Office for Results-Based Management (ORM) in June. ORM, attached to the Office of the Executive Director, was charged with building consensus and support for a results-based approach within the Fund, to coordinate the formulation of the MYFF, and to propose a plan for its implementation in the context of a move towards results-based management (RBM) in UNFPA. An Interdivisional Advisory Group on Results-Based Management (IDAG), chaired by the Fund's two Deputy Executive Directors, was established in July as an advisory and support body to ORM. IDAG met regularly to discuss and to make recommendations on key issues that emerged in the

process. An ORM web page was opened on the UNFPA intranet to share information on the development of the MYFF with all staff.

120. ORM undertook several activities to fulfill its mandate, including: carrying out feasibility studies; reviewing existing logical frameworks (logframes); conducting an international workshop; coordinating the formulation of the MYFF with other initiatives; and consulting with partners.

121. Field feasibility studies. To ensure that the MYFF responds to the realities of programme country situations and will not impose an additional burden on national counterparts or on UNFPA's already over-stretched resources, feasibility studies on its implementation were carried out in five countries between July and November 1999: Burkina Faso, Nicaragua, Sri Lanka, Sudan and the United Republic of Tanzania. The purpose of the studies was to assess the strengths, constraints and capacity-building needs of country offices in the context of implementing the MYFF and a results-based management approach. The studies looked in particular at: (a) implementation of the results-based logframe approach to programme planning and management that will provide an essential building block for the MYFF; (b) availability and access to monitoring data; and (c) future capacity-building needs.

122. The participatory nature of the studies increased country offices' understanding of the link between the MYFF, the introduction of RBM, and the use of the logframe as a results-based tool to improve programme design and management. The studies found serious problems in the availability, reliability, comparability, timeliness and periodicity of data at all levels, and concluded that it would take time to establish satisfactory information systems at the country level. It was observed that current programme management practice emphasized financial implementation and activities rather than programme or management results and that considerable efforts were necessary to strengthen the capacity of staff and local partners to implement a results-based approach. Study findings also emphasized the importance of close collaboration among United Nations agencies and other donors within countries to share and learn from each other's experiences, and to identify joint results and indicators and a common database.

123. Review of existing logframes. The MYFF builds on existing logframes, which identify the results to which the Fund contributes and for which the Fund is accountable in the country, with corresponding indicators and data sources. ORM conducted a review of logframes of country programmes and subprogrammes from 61 countries and the 2000-2003 intercountry programme to further refine UNFPA outputs and their indicators. This review also contributed to identifying the programming strategies that the Fund employs. The exercise completed the previous work by the Inter-Divisional Working Group and produced a preliminary results framework that was presented to an international workshop.

124. International workshop. In December 1999, a three-day workshop was conducted in New York to share findings from the feasibility studies and the logframe review and to consider recommendations for the finalization of the MYFF. The workshop was attended by 40 UNFPA

staff, including senior management, country office staff, and Country Technical Services Team (CST) Specialists. The workshop aimed to build a common understanding of and support for the MYFF, to validate and provide further inputs to the framework, and to discuss the institutional arrangements necessary for its implementation. The workshop confirmed general support among staff for a results-based approach and generated intense discussions around organizational results. It was successful in clarifying the value of RBM to the Fund and in producing some recommendations for the institutionalization of RBM. Working groups were established to continue dialogue on issues such as data sources for indicators, strategies, management outputs, and the translation into the working languages of the United Nations of MYFF terms. An Internet-based electronic discussion group was set up to facilitate discussions.

125. Coordination with other initiatives. The formulation of the MYFF was closely aligned with other initiatives within the Fund, which contributed to a heightened interest and understanding among staff of the inter-linkages with the MYFF. The Fund's Workforce Planning Exercise currently under way has contributed to defining the strategic focus of UNFPA, as well as to the realignment of the organizational structure to strengthen country office operations. Close coordination with the drafting of the Executive Board report on ICPD+5 priorities also ensured that the MYFF captured the ICPD+5 recommendations. UNFPA has taken all available opportunities, including training courses and workshops organized by various units, to raise awareness among staff of the MYFF.

126. Consultations with partners. The Fund has engaged in extensive dialogue and exchange of information with other United Nations agencies, particularly UNDP and UNICEF, to learn from their experiences at headquarters and country levels. The Fund also benefited from consultations with and inputs from bilateral development agencies and the Executive Board.

B. Preparation of the MYFF report

127. All the above activities were part of a participatory and consultative process that led to the finalization of the report for submission to the Executive Board. In addition to intensive internal consultations, the support and advice from Executive Board members, through informal consultations and individual discussions, have been highly valuable in giving shape and direction to the development of the MYFF. Informal consultations were held with the Board on the results framework, the resources framework, and the pledging process. An unedited draft of the MYFF report was shared with the Executive Board, and members' comments were taken into consideration in the finalization of the report, a process that considerably strengthened participation and teamwork in the formulation of the MYFF and encouraged joint ownership of the final report.

C. Implementation of the MYFF

128. Some steps towards implementing the MYFF and further institutionalizing RBM were already taken in 1999. They constitute some of the components of a comprehensive plan that is currently being formulated.

129. To raise awareness of and support for RBM at the country level, some country offices have organized workshops and provided training to introduce RBM to national partners and to enhance the understanding and utilization of logframes as a programme planning and management tool. At headquarters, existing training materials are being reviewed and new modules developed to ensure that all UNFPA staff and national partners improve their skills in applying the logframe, understand the results-based approach, and have the capacity to effectively implement the MYFF.

130. The process of reviewing the programme guidelines, particularly for monitoring and evaluation, is well under way. As many countries begin a new programme cycle in the initial years of MYFF, this will provide an excellent opportunity to move systematically towards a results-based planning and monitoring system. Several actions have been taken to facilitate this process: Steps were taken to orient current reporting from countries towards results, and the Executive Director issued a guidance note to country offices to request that annual reporting be more focused on results and more analytical in nature. Many country offices made good efforts to report on the results they have achieved over the year, with some countries reporting on progress in achieving the numerical targets identified in the logframes. Annual reports from the countries will be the basis for the MYFF reporting, and the format of the report will be further refined.

131. Efforts are also under way to improve the availability and use of information. A few countries have taken the opportunity of Common Country Assessments (CCA) to address the issues of data availability and accessibility and to begin to develop with partners a list of common indicators or to establish an integrated information system on indicators from the Programme of Action and ICPD+5 key actions, all of which are reflected in the MYFF. The Fund is reviewing management information systems that integrate programme, financial, administrative and human resources information, such as those developed by UNICEF and by the UNFPA country office in India, in order to move forward with the design of a new Resources Management System (RMS).

132. A comprehensive plan to strengthen results-based management and to implement the MYFF is being formulated, based on an institutional assessment. This assessment, with assistance from a team of consultants, will analyse the capacities and conditions necessary for successful implementation and identify the functions, processes and systems that need to be further strengthened and adjusted for the institutionalization of RBM and the implementation of the MYFF. It complements the review and analysis under way in the context of the Workforce Planning Exercise, and the recommendations from the assessment will be included in the final blueprint for change. The full implementation of the comprehensive plan will begin in mid-2000.

*****

UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/2000/8 (Part I, Add.1)
26 May 2000

ORIGINAL: ENGLISH

Annual session 2000
13 - 23 June 2000, Geneva
Item 2 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 1999: STATISTICAL OVERVIEW

CONTENTS

Page

UNFPA IN 1999: PROGRAMME AND FINANCIAL HIGHLIGHTS 2

UNFPA PROGRAMME IN 1998 AND 1999 AT A GLANCE 5

UNFPA EXPENDITURES FOR 1998-1999, BY REGION 7

ALLOCATION OF UNFPA COUNTRY PROGRAMME RESOURCES 12

GE.00-61679

/...

UNFPA IN 1999:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- Regular income (provisional) in 1999 totalled $249.2 million, a decrease of 10 per cent compared to the 1998 income of $277.0 million.

- Pledges to UNFPA's general resources in 1999 totalled $245.1 million, $24.3 million less than in 1998, a decrease of 9 per cent. At year's end, cumulative pledges through 1999 totalled about $4.9 billion from a cumulative total of 172 donors. The number of donors in 1999 totalled 69.

- An additional $36.2 million was provided through multi-bilateral co-financing arrangements, an increase of approximately 12 per cent compared to the $32.4 million in 1998.

- Total income in 1999 (provisional) was $285.4 million, compared to $309.3 million in 1998.

Expenditures

- Project expenditures (provisional) in 1999 totalled $187.1 million, as compared to $216.6 million in 1998. The 1999 figure includes $150.7 million for country programmes, compared to $174.7 million in 1998; and $36.4 million for intercountry (regional and interregional) programmes, compared to $41.9 million for 1998.

- Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were $20.0 million. Administrative and operational services (AOS) costs amounted to $6.9 million.

- For expenditures in 1999 by major function, by geographical area, and by country category, see data on pages 5-11.

Country categories

- Executive Board decision 96/15 endorsed the procedure for allocating resources according to categorization of countries into groups and approved the relative shares of resources to groups as follows: Group A, 67-69 per cent; Group B, 22-24 per cent; Group C, 5-7 per cent; countries with economies in transition, on a temporary basis, 3-4 per cent; and other countries and territories, 0.5 per cent. (For a list of countries by group, see page 12).

- The breakdown of resources expended for country programmes and projects in 1999, by group, is as follows: Group A, 63.7 per cent; Group B, 24.4 per cent; Group C, 5.6 per cent; countries with economies in transition, 4.7 per cent; and other countries and territories, 1.6 per cent.

- Total expenditures in 1999 to Group A countries amounted to $96.0 million, compared to $109.3 million in expenditures in 1998.

Intercountry activities

- Expenditures for intercountry activities (regional and interregional) totalled $36.4 million in 1999, compared to $41.9 million in 1998. By category of activity, these expenditures were: regional, $12.6 million in 1999, compared to $15.1 million in 1998; interregional, $23.8 million in 1999, compared to $26.8 million in 1998.

- Intercountry programmes accounted for 19.5 per cent of 1999 total project expenditures, compared to 19.3 per cent in 1998.

Country Population Assessments

- In 1999, Country Population Assessments (CPAs) were completed in 12 countries -- Azerbaijan, Chad, Indonesia, Kazakhstan, Kyrgyzstan, Pakistan, Philippines, Tajikistan, Turkmenistan, Uzbekistan and Zimbabwe. In the case of one country (Viet Nam) a Common Country Assessment (CCA), rather than a CPA, was carried out.

Biennial support budget

- The provisional estimate for the net expenditure for the biennial support budget (BSB) during the 1998-1999 biennium is approximately $118.3 million, representing 22.5 per cent of regular resources and 19.9 per cent of total resources income.

Personnel

- As of 1 January 1999, the total number of authorized budget posts numbered 972, comprising 350 Professional (including 156 national programme officers) and 622 General Service staff. These include 103 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 245 Professional and 485 local General Service posts in the field.

The percentage of women on UNFPA's Professional staff at headquarters and in the field was 50 per cent in 1999, one of the highest percentages among United Nations agencies and organizations. Moreover, 7 of the 11 members of the Fund's Executive Committee are women.

UNFPA PROGRAMME IN 1998 AND 1999 AT A GLANCE
(Expenditures)*

UNFPA ASSISTANCE BY MAJOR FUNCTION

	In millions of US dollars		Percentage of total	
	1998	**1999**	**1998**	**1999**
Reproductive health/family planning	129.3	114.9	59.7	61.4
Population and development strategies	52.1	54.1	24.1	28.9
Advocacy	35.2	11.2	16.3	6.0
Multisector		6.9		3.7
Total	216.6	187.1	100.0	100.0
UNFPA ASSISTANCE BY GEOGRAPHICAL REGION				
Africa (Sub-Saharan)	70.8	59.4	32.7	31.7
Arab States and Europe	24.4	21.8	11.3	11.7
Asia and the Pacific	69.9	63.1	32.3	33.7
Latin America and the Caribbean	24.7	19.0	11.4	10.2
Interregional and Global	26.8	23.8	12.4	12.7
Total	216.6	187.1	100.0	100.0
UNFPA ASSISTANCE BY COUNTRY/INTERCOUNTRY CATEGORY				
Country	174.7	150.7	80.7	80.5
Intercountry	41.9	36.4	19.3	19.5
Total	216.6	187.1	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.
**All data for 1999 used throughout these tables are provisional.*

UNFPA PROGRAMME IN 1998 AND 1999 AT A GLANCE (CONT'D)

COUNTRY ACTIVITIES BY GROUP

	In millions of US dollars		Percentage of total	
	1998	**1999**	**1998**	**1999**
A	109.3	96.0	62.5	63.7
B	47.8	36.8	27.4	24.4
C	5.5	8.5	3.2	5.6
Economies in transition	8.4	7.0	4.8	4.7
Other countries	3.7	2.4	2.1	1.6
Total	174.7	150.7	100.0	100.0
UNFPA ASSISTANCE BY EXECUTING AGENCY				
Government-executed projects	61.4	59.7	28.3	31.9
United Nations agencies	23.8	19.5	10.9	10.4
UNFPA[a]	97.0	73.4	44.8	39.2
Non-governmental organizations	34.4	34.5	15.9	18.4
Total	216.6	187.1	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

[a] *Includes assistance to procurement for government projects as follows: $42.9 million in 1998 and $16.0 million in 1999.*

UNFPA EXPENDITURES FOR 1998 AND 1999, BY REGION

AFRICA (SUB-SAHARAN)

	In millions of US dollars		Percentage of total	
	1998	**1999**	**1998**	**1999**
By major section				
Reproductive health/family planning	41.7	38.6	58.9	65.0
Population and development strategies	17.3	16.1	24.5	27.1
Advocacy	11.8	2.9	16.6	4.9
Multisector		1.7		3.0
Total	70.8	59.4	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	60.4	50.5	92.4	91.7
B	4.6	4.5	7.1	8.2
C	0.2	0.0	0.4	0.0
Other countries	0.1	0.1	0.1	0.1
Total country activities	65.4	55.2	100.0	100.0
Country activities	65.4	55.2	92.4	93.0
Regional activities	5.4	4.2	7.6	7.0
Total region	70.8	59.4	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES FOR 1998 AND 1999, BY REGION (CONT'D)

ARAB STATES AND EUROPE

	In millions of US dollars		Percentage of total	
	1998	**1999**	**1998**	**1999**
By major section				
Reproductive health/family planning	16.0	14.6	65.5	67.0
Population and development strategies	4.2	5.8	17.2	26.6
Advocacy	4.2	0.6	17.3	2.8
Multisector		0.8		3.6
Total	24.4	21.8	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	6.8	10.1	31.9	51.3
B	11.8	6.7	55.4	34.0
Economies in transition	0.8	2.8	3.8	14.2
Other countries	1.9	0.0	8.9	0.0
Total country activities	21.3	19.7	100.0	100.0
Country activities	21.3	19.7	87.1	90.0
Regional activities	3.1	2.1	12.9	10.0
TOTAL REGION	24.4	21.8	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES FOR 1998 AND 1999, BY REGION (CONT'D)

ASIA AND THE PACIFIC

	In millions of US dollars		Percentage of total	
	1998	**1999**	**1998**	**1999**
By major section				
Reproductive health/family planning	44.1	42.7	63.1	67.7
Population and development strategies	17.7	14.7	25.3	23.3
Advocacy	8.0	3.8	11.6	6.0
Multisector		1.9		3.0
Total	69.9	63.1	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	37.8	31.7	57.6	54.2
B	17.2	14.2	26.3	24.3
C	3.7	7.4	5.6	12.7
Economies in transition	5.7	4.2	8.7	7.1
Other countries	1.2	1.0	1.9	1.7
Total country activities	65.7	58.4	100.0	100.0
Country activities	65.7	58.4	94.0	92.6
Regional activities	4.2	4.7	6.0	7.4
Total region	69.9	63.1	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES FOR 1998 AND 1999, BY REGION (CONT'D)

LATIN AMERICA AND THE CARIBBEAN

	In millions of US dollars		Percentage of total	
	1998	**1999**	**1998**	**1999**
By major section				
Reproductive health/family planning	13.4	10.2	54.1	53.7
Population and development strategies	5.9	5.9	23.9	31.0
Advocacy	5.4	1.3	22.0	6.8
Multisector		1.7		9.0
Total	24.7	19.0	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	4.9	3.7	22.1	21.1
B	14.2	11.5	63.6	65.7
C	1.6	1.1	7.3	6.2
Other countries	1.6	1.3	7.0	7.4
Total country activities	22.3	17.5	100.0	100.0
Country activities	22.3	17.5	90.6	92.1
Regional activities	2.3	1.5	9.4	7.9
Total region	24.7	19.0	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES FOR 1998 AND 1999, BY REGION (CONT'D)

INTERREGIONAL AND GLOBAL

	In thousands of US dollars		Percentage of total	
	1998	**1999**	**1998**	**1999**
By major section				
Reproductive health/family planning	14.1	9.0	52.7	38.0
Population and development strategies	7.0	11.4	26.0	47.9
Advocacy	5.7	2.6	21.3	11.1
Multisector		0.8		3.3
Total	26.8	23.8	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

ALLOCATION OF UNFPA COUNTRY PROGRAMME RESOURCES

I. A, B, C Groups of countries and territories as defined in DP/FPA/1996/15

Group A (61 Countries)

Africa

1 Angola
2 Benin
3 Burkina Faso
4 Burundi
5 Cameroon
6 Cape Verde
7 Central African Rep.
8 Chad
9 Comoros
10 Congo
11 Cote d'Ivoire
12 Dem. Rep. of the Congo
13 Equatorial Guinea
14 Eritrea
15 Ethiopia
16 Gambia
17 Ghana
18 Guinea
19 Guinea-Bissau
20 Kenya
21 Lesotho
22 Liberia
23 Madagascar
24 Malawi
25 Mali
26 Mauritania
27 Mozambique
28 Niger
29 Nigeria
30 Rwanda
31 Sao Tome & Principe
32 Senegal
33 Sierra Leone
34 Togo
35 Uganda
36 United Rep. of Tanzania
37 Zambia

Latin America & Caribbean

1 Haiti
2 Nicaragua

Asia & Pacific

1 Afghanistan
2 Bangladesh
3 Bhutan
4 Cambodia
5 India
6 Kiribati
7 Lao People's Dem. Rep.
8 Maldives
9 Mongolia
10 Myanmar
11 Nepal
12 Pakistan
13 Samoa
14 Solomon Islands
15 Tuvalu
16 Vanuatu

Arab States

1 Djibouti
2 Egypt
3 Occupied Palestinian Territories
4 Somalia
5 Sudan
6 Yemen

Group B (39 Countries)

Africa

1 Botswana
2 Gabon
3 Namibia
4 South Africa
5 Swaziland
6 Zimbabwe

Arab States

1 Algeria
2 Iraq
3 Jordan
4 Lebanon
5 Morocco
6 Syrian Arab Rep.
7 Tunisia
8 Turkey

Latin America & Caribbean

1 Belize
2 Bolivia
3 Brazil
4 Colombia
5 Dominican Rep.
6 Ecuador
7 El Salvador
8 Guatemala
9 Guyana
10 Honduras
11 Jamaica
12 Mexico
13 Paraguay
14 Peru
15 Saint Lucia
16 Saint Vincent & Grenadines
17 Trinidad & Tobago
18 Venezuela

Asia & Pacific

1 Indonesia
2 Iran, Islamic Rep of
3 Malaysia
4 Micronesia Fed. States of
5 Papua New Guinea
6 Philippines
7 Viet Nam

Group C (12 Countries)

Africa

1 Mauritius

Latin America & Caribbean

1 Chile
2 Costa Rica
3 Cuba
4 Panama
5 Suriname
6 Uruguay

Asia and Pacific

1 China
2 Dem. People's Rep. of Korea
3 Fiji
4 Sri Lanka
5 Thailand

II. Countries with economies in transition and others as included in DP/FPA/1996/15

Countries with Economies in Transition

1 Albania
2 Armenia
3 Azerbaijan
4 Belarus
5 Bosnia-H.
6 Bulgaria
7 Croatia
8 Czech Rep.
9 Estonia
10 Georgia
11 Hungary
12 Kazakhstan
13 Kyrgyzstan
14 Latvia
15 Lithuania
16 Macedonia
17 Rep. of Moldova
18 Poland
19 Romania
20 Russian Fed.
21 Slovakia
22 Slovenia
23 Tajikistan
24 Turkmenistan
25 Ukraine
26 Uzbekistan
27 Yugoslavia

Other Countries and Territories

AFRICA

1 Seychelles
2 Saint Helena

ASIA AND PACIFIC

1 Brunei Darussalam
2 Cook Islands
3 Hong Kong, China*
4 Marshall Islands
5 Nauru
6 Niue
7 Republic of Korea
8 Singapore
9 Tokelau
10 Tonga
11 Palau

ARAB STATES

1 Bahrain
2 Kuwait
3 Libyan Arab Jamahiriya
4 Oman
5 Qatar
6 Saudi Arabia
7 United Arab Emirates

LATIN AMERICA AND CARIBBEAN

1 Anguilla
2 Antigua & Barbados
3 Argentina
4 Aruba
5 Bahamas
6 Barbados
7 Bermuda
8 British Virgin Islands
9 Cayman Islands
10 Dominica
11 Grenada
12 Montserrat
13 Netherlands Antilles
14 Saint Kitts and Nevis
15 Turks and Caicos Islands

EUROPE

1 Cyprus
2 Malta

*On 1 July 1997 Hong Kong became a Special Administrative Region of China.

Note: As contained in Executive Board decision 96/15, the distribution of resources to these groups of countries will be as follows: 67-69 per cent to Group A, 22-24 per cent to Group B, 5-7 per cent to Group C and 3-4 per cent to countries with economies in transition, on a temporary basis, and 0.5 per cent to other countries.

*****